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MULTIPLE DEFENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM ITO 470)

SERIAL NO. 87378878  
APPLICANT

FILED DATE

CLAIMS

	AS FILED		AFTER TRANSCRIPTION		AFTER REPRODUCTION	
	NO.	OCF.	NO.	OCF.	NO.	OCF.
1			1		1	
2						
3						
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46						
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47						
48						
49						
50						
TOTAL NO.			14		3	
TOTAL OCF.			192		115	
TOTAL			206		116	

	NO.	OCF.	NO.	OCF.	NO.	OCF.
61						
62						
63						
64						
66						
66						
67						
68						
69						
69						
61						
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99						
100						
TOTAL NO.						
TOTAL OCF.						
TOTAL						

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT'S

FILED DATE

02/318878

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						
2						
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36						
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	Oct.	NO.	Oct.	NO.	Oct.
61						
62						
63						
64						
65						
66						
67						
68						
69						
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72						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL						
TOTAL						
TOTAL						

CONT Amended

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO 476)						SERIAL NO. 09/378878		FILING DATE	
CLAIMS									
AS FILED		AFTER TRANSMITTAL		AFTER AMENDMENT					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1				61			
2			1			62			
3			1			63			
4			1			64			
5			1			65			
6			1			66			
7			1			67			
8			1			68			
9			1			69			
10			1			70			
11			1			71			
12			1			72			
13			1			73			
14			1			74			
15			1			75			
16			1			76			
17			1			77			
18			1			78			
19			1			79			
20			1			80			
21			1			81			
22			1			82			
23			1			83			
24			1			84			
25			1			85			
26			1			86			
27			1			87			
28			1			88			
29			1			89			
30			1			90			
31			1			91			
32			1			92			
33			1			93			
34			1			94			
35			1			95			
36			1			96			
37			1			97			
38			1			98			
39			1			99			
40			1			100			
41			1						
42			1						
43			1						
44			1						
45			1						
46			1						
47			1						
48			1						
49			1						
50			1						
TOTAL NO.		91				TOTAL NO.			
TOTAL OFF.		99				TOTAL OFF.			
TOTAL		110				TOTAL			

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MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 0988878		FILING DATE	
CLAIMS									
AS FILED		AFTER REACHING		AFTER REACHING					
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61			
2						62			
3						63			
4						64			
5						65			
6						66			
7						67			
8						68			
9						69			
10						70			
11						71			
12						72			
13						73			
14						74			
15						75			
16						76			
17						77			
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19						79			
20						80			
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22						82			
23						83			
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25						85			
26						86			
27						87			
28						88			
29						89			
30						90			
31						91			
32						92			
33						93			
34						94			
35						95			
36						96			
37						97			
38						98			
39						99			
40						100			
41									
42									
43									
44									
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49									
50									
TOTAL NO.						TOTAL NO.			
TOTAL OFF.						TOTAL OFF.			
TOTAL						TOTAL			

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. 02/378878		FILING DATE			
CLAIMS						APPLICANT					
	AS FILED		AFTER IN AMENDMENT		AFTER BY AMENDMENT						
	NO.	OFF.	NO.	OFF.	NO.	OFF.				NO.	OFF.
1							61				
2							62				
3							63				
4							64				
5							65				
6							66				
7							67				
8							68				
9							69				
10							70				
11							71				
12							72				
13							73				
14							74				
15							75				
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30							90				
31							91				
32							92				
33							93				
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36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
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49											
50											
TOTAL NO.							TOTAL NO.				
TOTAL OFF.							TOTAL OFF.				
TOTAL							TOTAL				